



## HEALTHY FAMILIES PROGRAM FAMILY CONTRIBUTION SPONSOR REGISTRATION

Please print in blue or black ink only.

Name of Sponsoring Person or Entity:	
Sponsor's Address:	
	(Number and Street Name)
Sponsor's Telephone #:	(City, State, ZIP Code)
Sponsor's Fax #:	
Is this sponsor interested in being contacted by individu looking for a sponsor?	als and/or Certified Application Assistants who are ☐ Yes ☐ No
If the Healthy Families Program puts information about sponsor?	sponsors on its Web site, is it acceptable to list this ☐ Yes ☐ No
If the sponsor is an organization, provide name, title representative.	e and telephone number of the authorized
Authorized Representative:	(Name)
	(Title)
	. ,
	(Telephone Number)
	(Email Address)
<ol> <li>The following persons or entities cannot be a Family</li> <li>A person who is a health care provider, who particip organization composed primarily of or controlled by</li> <li>An entity, including governmental, school, non-profi an institution or facility that is a health care provider</li> <li>A participating plan.</li> <li>Any person or entity acting on behalf of or representations.</li> </ol>	pates in the Healthy Families Program, or an such persons. t and charitable organizations, that is, or that operates participating in the Healthy Families Program.
The undersigned certifies that the sponsoring personal	on or entity:
<ol> <li>Is eligible to be a Family Contribution Sponsor.</li> <li>Acknowledges that the Managed Risk Medical Insu of premiums as a family contribution sponsor by an and abuse laws.</li> </ol>	rance Board has taken no position to whether payment y person or entity would be in violation of federal fraud
<ol> <li>Will allow each applicant sponsored to make his/he residence as identified by the Healthy Families Han</li> <li>Can sponsor all eligible persons in a household.</li> </ol>	r own choice of participating plans in his/her county of dbook.
Signature:  (Signature of Sponsor/Authorized Repr	Date:

(Print Name of Sponsor/Authorized Representative)